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Substitut	e for form 1449A/PTO			Complete If Known				
				Application Number	Unassigned			
IN	FORMATION	l Di	SCLOSURE	Filing Date				
ST	TATEMENT B	3Y /	APPLICANT	First Named Inventor				
				Group Art Unit	Unassigned			
	(use as many she	ets a	s necessary)	Examiner Name	Unassigned			
Sheet	1	of	1	Attorney Docket Number	62-627			

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